

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10596606
FILING DATE
APPLICANT

11/1/66

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1	1	1	1		51					
2		1		1		1		52					
3		1		1		1		53					
4		3		1		1		54					
5		0		1		1		55					
6		0		1		1		56					
7		2		1		1		57					
8		3		1		1		58					
9		0		1		1		59					
10		0		1		1		60					
11		0		1		1		61					
12								62					
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46								96					
47								97					
48								98					
49								99					
50								100					
TOTAL REQ.			↓	i	↓	1	↓						
TOTAL DEP.			←	11	←	11	←						
TOTAL CLADS				12		12							